

## American Rescue Plan Act (ARPA) \$5,000 Grant for Small Businesses and Non-Profits Final Report

As a recipient of the City of Falls Church American Rescue Plan Act (ARPA) \$5,000 Grant for Small Businesses and Non-Profits, the Business is required to use funds by **September 30, 2022** and provide the City with a completed Final Report by **October 31, 2022**. The Business does not need to provide documentation of its reported grant use with this report. However, the Business must retain documentation of its reported grant use until **December 31, 2032**. The Business must make this documentation available for review during that time period upon request by the City and must also make available personnel with knowledge of the documents if requested by the City.

## **Eligible Uses**

The grant recipient can use the funds for expenses directly related to the impacts of COVID-19 including:

- Retaining and/or supporting employees
- Restoring financial resiliency
- Rent or mortgage payments
- Addressing temporary COVID-19 related restrictions on business activity
- Increasing technology capacity to enable alternative work forms
- Creating new marketing campaigns
- Revising business plans
- Paying vendor invoices
- Facility cleaning/restoration
- Outdoor dining
- Technical assistance, counseling or other services to support business planning

If you have any questions, please email edo@fallschurchva.gov or call 571-584-4875 (TTY 711).

etaining and/or						
se		Description	Amount (\$)			
8.	Provide itemized details on how grant funds were spent in each category. The itemized details must equal the amount of \$5,000. However, documentation associated with the grant use may exceed the grant amount. Only fill in information for categories that the grant money was used for.					
7.	How many total employees (full and part time) worked at your City of Falls Church location as of July 31, 2022? Full Time Part Time					
	Fully open Open with lin Open with lin Closed	mited capacity mited hours				
6.	Current operating st	irrent operating status of business				
5.	Phone number of individual completing this report					
4.	Email address of ind	address of individual completing this report				
3.	Name of individual	lame of individual completing this report				
2.	DBA (Doing Business As), if applicable:					
1.	Legal name of the business					

Use	Description	Amount (\$)
Retaining and/or		
supporting employees		
Restoring financial		
resiliency		
Rent or mortgage		
payments		
Addressing temporary		
COVID-19 related		
restrictions on business		
activity		
Increasing technology		
capacity to enable		
alternative work forms		
Creating new marketing		
campaigns		
Revising business plans		

Paying vendor invoices		
Facility		
cleaning/restoration		
Outdoor dining		
Technical assistance,		
counseling or other		
services to support		
business planning		
	TOTAL (\$)	
	(4.11 . 4-000)	

(Adds up to \$5,000)

I certify that I have read and understand and am authorized to complete and submit this electronic final report on behalf of the Business. I certify that the costs and expenses provided in this final report were not covered by any other grant, subsidized loan, insurance policies of any type of coverage, or any federal reimbursement or relief program. I certify that the statements contained herein are true, accurate, and complete, and that the records submitted are accurate and reflect actual expenditures of funds granted to my Business.

Signature Date	
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